

**Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138**

RECEIVED  
Date Stamp (Received)  
SEP 02 2020  
Bayfield Co. Zoning Dept.

Permit #:	20-0278
Date:	10-6-20
Amount Paid:	\$175 9-2-20 \$175
Refund:	

**DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.**

**Original Application MUST be submitted**

**FILL OUT IN INK (NO PENCIL)**

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER _____															
Owner's Name: <u>ALLEN NASS</u>				Mailing Address: <u>W12135 SLACK RD</u>				City/State/Zip: <u>6001 WI: 53555</u>		Telephone: <u>608-843-1170</u>							
Address of Property: <u>24595 GARDEN LANE RD</u>				City/State/Zip: <u>CABLER WI, 54821</u>						Cell Phone:							
Contractor:				Contractor Phone:		Plumber:				Plumber Phone:							
Authorized Agent: (Person Signing Application on behalf of Owner(s))				Agent Phone:		Agent Mailing Address (include City/State/Zip):				Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No							
PROJECT LOCATION		Legal Description: (Use Tax Statement)				Tax ID# <u>25308</u>		Recorded Document: (Showing Ownership) <u>2009R</u> <u>527116</u>									
____ 1/4, ____ 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page		CSM Doc #		Lot(s) #		Block #		Subdivision: <u>#4 Sportsman's Lodge Condo</u>	
Section <u>12</u> , Township <u>43</u> N, Range <u>06</u> W						Town of: <u>NAMAKAGON</u>						Lot Size		Acreage <u>0.13</u>			

<input checked="" type="checkbox"/> <b>Shoreland</b> →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? <b>If yes---continue</b> →	Distance Structure is from Shoreline : _____ <u>23</u> _____ feet	<b>Is your Property in Floodplain Zone?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b>No</b>	<b>Are Wetlands Present?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b>No</b>
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage <b>If yes---continue</b> →	Distance Structure is from Shoreline : _____ _____ feet		
<input type="checkbox"/> <b>Non-Shoreland</b>				

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$ _____	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Slab	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> Use	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input checked="" type="checkbox"/> Vacation Rental		<input type="checkbox"/> _____		<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

<b>Existing Structure:</b> (if addition, alteration or business is being applied for)	<b>Length:</b>	<b>Width:</b>	<b>Height:</b>
<b>Proposed Construction:</b> (overall dimensions)	<b>Length:</b>	<b>Width:</b>	<b>Height:</b>

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Residential Use	<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	( X )	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( X )	
		with Loft	( X )	
		with a Porch	( X )	
		with (2 <sup>nd</sup> ) Porch	( X )	
		with a Deck	( X )	
		with (2 <sup>nd</sup> ) Deck	( X )	
		with Attached Garage	( X )	
		Bunkhouse w/ ( <input type="checkbox"/> sanitary, <u>or</u> <input type="checkbox"/> sleeping quarters, <u>or</u> <input type="checkbox"/> cooking & food prep facilities)	( X )	
		Mobile Home (manufactured date) _____	( X )	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/>	Addition/Alteration (explain) _____	( X )	
	<input type="checkbox"/>	Accessory Building (explain) _____	( X )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain) _____	( X )	
	<input type="checkbox"/>	Special Use: (explain) _____	( X )	
	<input type="checkbox"/>	Conditional Use: (explain) _____	( X )	
	<input checked="" type="checkbox"/>	Other: (explain) <u>Vacation Rental</u>	( X )	<u>600</u>

**FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES**

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):   
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 9-2-20

Authorized Agent: \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date \_\_\_\_\_

Address to send permit

**Attach**  
**Copy of Tax Statement**

If you recently purchased the property send your Recorded Deed

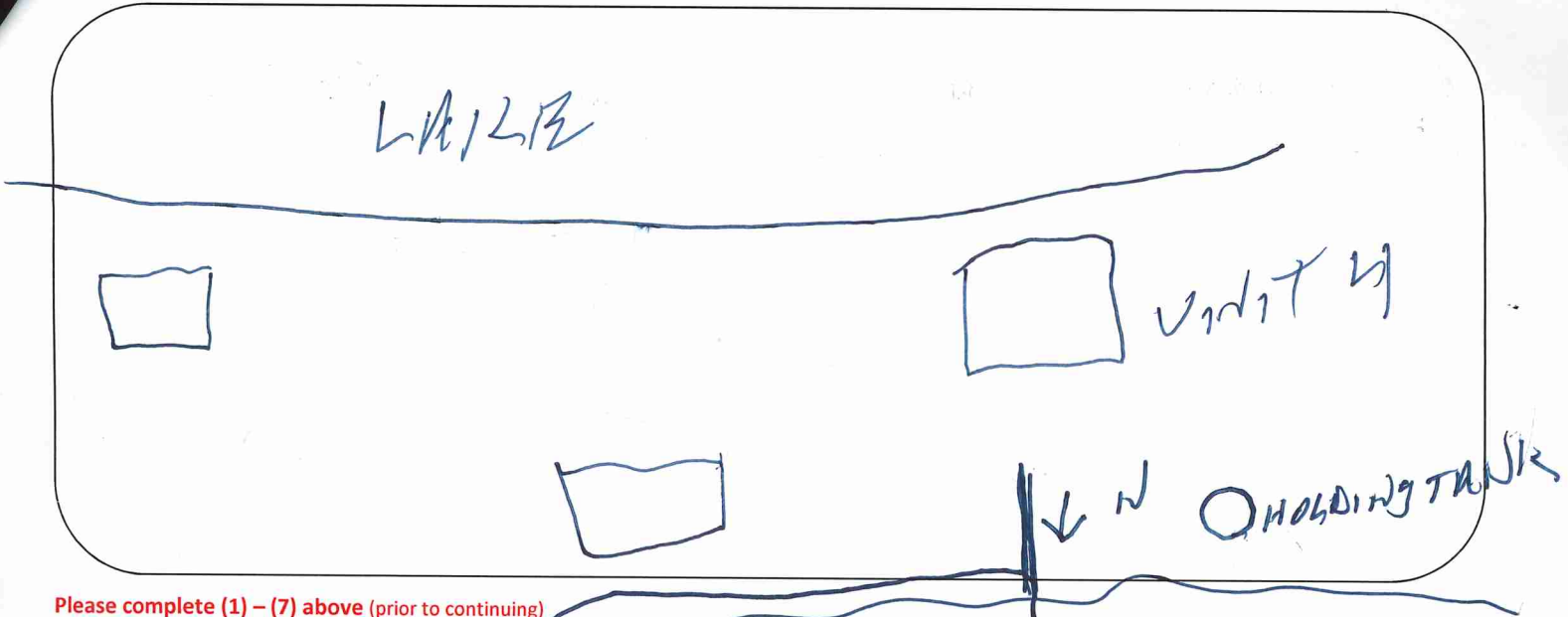
**Original Application MUST be submitted**



below: **Draw or Sketch your Property** (regardless of what you are applying for)

Fill Out in Ink - **NO PENCIL**

- (1) Show Location of: **Proposed Construction**  
 (2) Show / Indicate: **North (N) on Plot Plan**  
 (3) Show Location of (\*): **(\*) Driveway and (\*) Frontage Road (Name Frontage Road)**  
 (4) Show: **All Existing Structures on your Property**  
 (5) Show: **(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)**  
 (6) Show any (\*): **(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond**  
 (7) Show any (\*): **(\*) Wetlands; or (\*) Slopes over 20%**



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) **Setbacks:** (measured to the closest point)

Description	Setback Measurements	Description	Setback Measurements
Setback from the Centerline of Platted Road	400 Feet	Setback from the Lake (ordinary high-water mark)	27 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	4000 Feet		
Setback from the South Lot Line	25 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	5 Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	80 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	10+ Feet	Setback to Well	Feet
Setback to Drain Field	500 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) **Stake or Mark Proposed Location(s)** of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
 For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
 The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: <b>07-525</b>	# of bedrooms: <b>11</b>	Sanitary Date: <b>6-7-7</b>
Permit Denied (Date):		Reason for Denial:		
Permit #: <b>20-0278</b>		Permit Date: <b>10-6-20</b>		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input type="checkbox"/> No	Mitigation Attached	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: <b>10/5/20 spoke w/ owners Todd Harbort &amp; Brother about Mitigation Need when developed - No Variance/Mitigation triggers</b>		Zoning District <b>(R-AB)</b> Lakes Classification <b>(1)</b>		
Date of Inspection: <b>10/5/20</b>		Inspected by: <b>AD</b>		Date of Re-Inspection:
Condition(s): <b>Town, Committee or Board Conditions Attached?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>(If No, then attach conditions)</b>		Condition: Maximum occupancy limited to <b>2 Bedrooms/sleeping areas</b> based upon septic system design for the dwelling. Must contact Bayfield County Health Dept for licensing as required by State Statute and contact Town regarding room tax.		
Signature of Inspector: <b>[Signature]</b>		Date of Approval: <b>10/6/20</b>		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>



City, Village, State or Federal  
This May Also Be Required

LAND USE – **X**  
SANITARY – **07-52S**  
SIGN –  
SPECIAL – **Class A**  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **20-0278** Issued To: **Allen Ness**

Location: -  $\frac{1}{4}$  of -  $\frac{1}{4}$  Section **12** Township **43** N. Range **6** W. Town of **Namakagon**

Gov't Lot Lot **4** Block Subdivision **Sportsman Lodge** CSM#

For: **Residential Other: [ 1- Unit; 1- Story; Short-term Rental ]**

**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s):** Maximum occupancy limited to 2 bedrooms or sleeping area based upon septic system design for the dwelling. Must contact Bayfield County Health Department for licensing as required by State Statute and contact Town regarding room tax. Town Conditions: No other structures or vehicles, permanent or temporary can be placed on the property for human habitation or business until this short term vacation rental permit is terminated. This includes but is not limited to travel trailers, motor homes, tents, tent campers, and house boats.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

**Tracy Pooler**

Authorized Issuing Official

**October 6, 2020**

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)  
SEP 28 2020

Bayfield Co. Zoning Dept.

Permit #:

20-0279

Date:

10-6-20

Amount Paid:

\$420 9-29-20

Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:		Mailing Address:		City/State/Zip:		Telephone:			
CRAIG & DIANE JAMESON		N 7260 520 <sup>th</sup> ST		54751		715-828			
Address of Property:		City/State/Zip:		Plumber:		Cell Phone:			
43435 OLD CASTLE GARDEN RD.		CABLE, WI 54821				7233			
Contractor:		Contractor Phone:		Plumber:		Plumber Phone:			
MICHAEL DUNLAP									
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached			
KARL KASTROSKY		0157 715-580		14295 MCNAUGHTEN CIRCLE, WI 54821		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
PROJECT LOCATION		Legal Description: (Use Tax Statement)		Tax ID#		Recorded Document: (Showing Ownership)			
				37777		2018R - 578705			
NW 1/4, SW 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page	
		7		1		2035			
Section 13		Township 43		N, Range 6		W		Town of:	
18		43		5				Nashua	
								Lot Size	
								Acres	
								3.80	

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is your Property in Floodplain Zone? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Are Wetlands Present? Yes <input type="checkbox"/> No <input type="checkbox"/>
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : _____ feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$ 140,000	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: 20-1635	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> 2-Story	<input type="checkbox"/> Slab	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: FUTURE / 2nd Dwelling	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/>	<input type="checkbox"/> Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
					<input type="checkbox"/> None	

Existing Structure: (if addition, alteration or business is being applied for)	Length:	Width:	Height:
Proposed Construction: (overall dimensions)	Length:	Width:	Height:

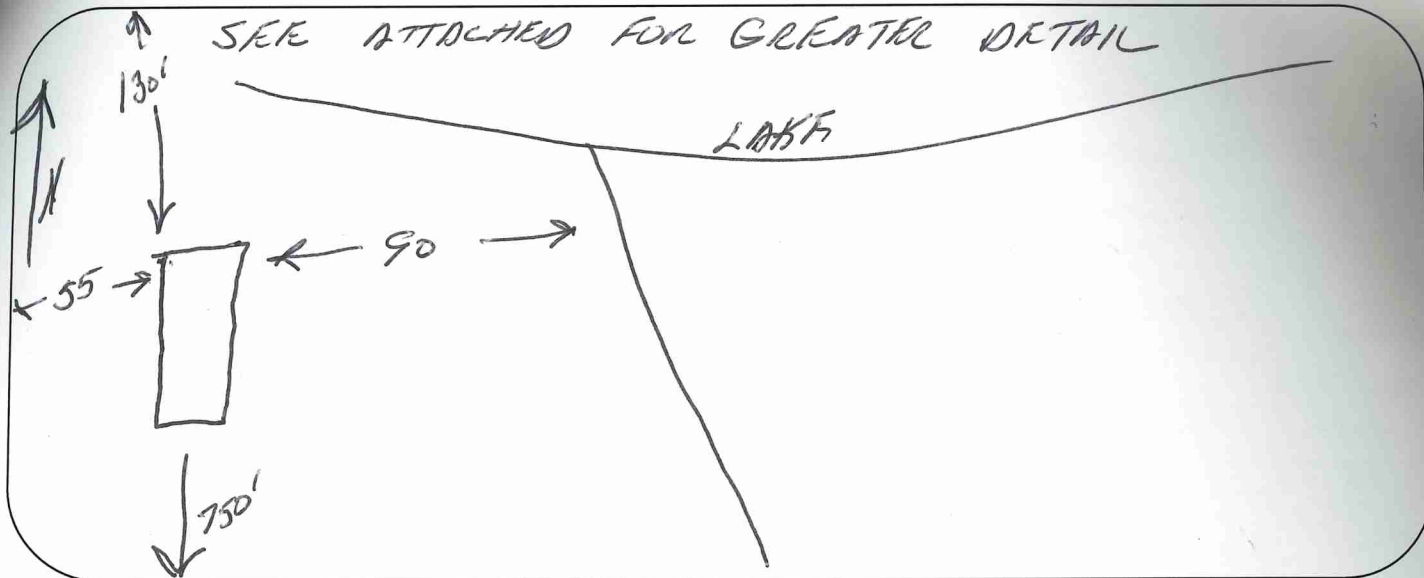
Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/>	Principal Structure (first structure on property) 2 BDL	(36 X 72)	2592
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( X )	
	<input type="checkbox"/>	with Loft	( X )	
	<input type="checkbox"/>	with a Porch	( X )	
	<input type="checkbox"/>	with (2 <sup>nd</sup> ) Porch	( X )	
<input type="checkbox"/> Commercial Use	<input checked="" type="checkbox"/>	with a Deck	(36 X 14)	504
	<input type="checkbox"/>	with (2 <sup>nd</sup> ) Deck	( X )	
	<input type="checkbox"/>	with Attached Garage	( X )	
	<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( X )	
	<input type="checkbox"/>	Mobile Home (manufactured date)	( X )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Addition/Alteration (explain)	( X )	
	<input type="checkbox"/>	Accessory Building (explain)	( X )	



Below: **Draw or Sketch your Property** (regardless of what you are applying for)

Fill Out in Ink – **NO PENCIL**

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (\*): **(\*) Driveway and (\*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)**
- (6) Show any (\*): **(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond**
- (7) Show any (\*): **(\*) Wetlands; or (\*) Slopes over 20%**



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

Description	Setback Measurements	Description	Setback Measurements
Setback from the Centerline of Platted Road	800 Feet	Setback from the Lake (ordinary high-water mark)	130 Feet
Setback from the Established Right-of-Way	750 Feet	Setback from the River, Stream, Creek	— Feet
		Setback from the Bank or Bluff	— Feet
Setback from the North Lot Line	130 Feet		
Setback from the South Lot Line	750 Feet	Setback from Wetland	— Feet
Setback from the West Lot Line	55 Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	90 Feet	Elevation of Floodplain	50 Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	167 Feet
Setback to Drain Field	Feet		167 Feet
Setback to Privy (Portable, Composting)	Feet		167 Feet

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(9) **Stake or Mark Proposed Location(s)** of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

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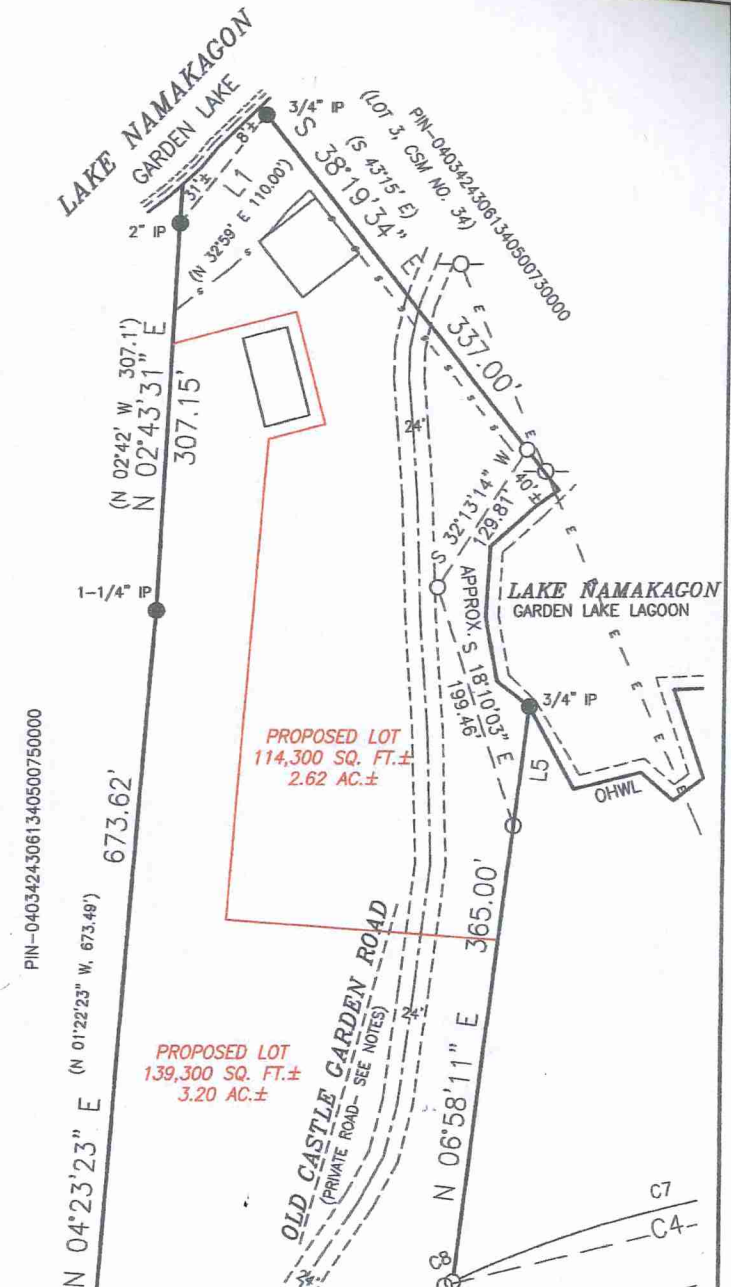
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<b>Issuance Information (County Use Only)</b>		Sanitary Number: <b>20-1635</b>	# of bedrooms: <b>4</b>	Sanitary Date: <b>9/23/20</b>
Permit Denied (Date):		Reason for Denial:		
Permit #: <b>20-0279</b>		Permit Date: <b>10-6-20</b>		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Deed of Record)	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Fused/Contiguous Lot(s))	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: <b>Flagged for both structures</b>		Zoning District <b>(R-1)</b>		
<b>Map attached w/ potential lot split old'd by Rob.S</b>		Lakes Classification <b>(1)</b>		
Date of Inspection: <b>10/5/20</b>	Inspected by: <b>[Signature]</b>	Date of Re-Inspection:		
Condition(s): <b>Town, Committee or Board Conditions Attached?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)				
<b>Build as proposed</b>				
<b>Get required UPC inspections</b>				
Signature of Inspector: <b>[Signature]</b>				Date of Approval: <b>10/6/20</b>
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

LOT 1 OF CSM NO. 2035, LOCATED IN  
GOVERNMENT LOT 7 OF SECTION 13, T. 43 N.,  
R. 6 W., IN THE TOWN OF NAMAKAGON,  
BAYFIELD COUNTY, WISCONSIN

**TOTAL AREA**  
253,600 SQ. FT.±  
5.82 ACRES±





City, Village, State or Federal  
May Also Be Required

LAND USE – **X**  
SANITARY – **20-163S**  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **20-0279** Issued To: **Craig & Diane Jameson / Karl Kastrosky, Agent**

Location: -  $\frac{1}{4}$  of -  $\frac{1}{4}$  Section **13** Township **43** N. Range **6** W. Town of **Namakagon**

Gov't Lot                      Lot **1**                      Block                      Subdivision                      CSM# **2035**

For: **Residential Use: [ 2- Story; Residence (36' x 72') & Deck (36' x 14') = 3,096 sq. ft. ]**

**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s): Build as proposed. Get required UDC inspections.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

**Tracy Pooler**

Authorized Issuing Official

**October 6, 2020**

Date